Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Ellective December 29, 1999										
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER EXTRA			RATE	FEE		RATE	FEE			
BASIC FEE					345.00	OR		690.00		
TOTAL CLAIMS 24 Minus 20= 1 H					X\$ 9=		OR	X\$18=	3168	
<u> </u>	EPENDENT CL		21 minus	3 = *]	48	X39=		OR	X78=	4404
MULTIPLE DEPENDENT CLAIM PRESENT					+130=		OR	+260=	260	
* if	the difference	in column 1 is l	ess than ze	ero, enter "0" in o	column 2	TOTAL		OR	TOTAL	-55)
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	=	X39=		OR	X78=	
-	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT CLAIM		+130=		OR	+260≃	
İ						TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Column 2)	(Column 3)	70011.122				
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDIN	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESE	NIATION OF MU	JUITPLE DE	PENDENT CLAIM		+130=		OR	+260=	
İ						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	-	(Column 2)	(Column 3)					
AMENDMENT C		ČLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT CLAIM						
	If the entry in colu	mn 1 is less than t	ne entry in col	umn 2 write "N" in o	olumn 3	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

FORM PTO-875

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	91	1559013	

Total Fee Calculation

I otal Fee Calculation								
	Fee Code	Total # Claims	Number Extra X	Fee	Fee	-	Total	
	Sm:/Lg.			Sm. Entity	Lg Entity			
Barle Filing Fee	201/101				690	•	690	
Total Claims >20	203/103	196 .20	- <u>176</u> x		3168	•	3168	
Independent Claims >3	202/102	21 .1.	· <u>18</u> ×		1404	-	1404	
Multi-Dep Claim Present	204.104			····	260	-	260	
Surcharge	205/105				130	•	130	
English Translation	110							
TOTAL FEE CALCUL	ATION						<u>565</u> 2	
Fees due upon filing ;	the application							
Total Filing Fees Due	·=	5	652,00					
Less Filing Fees Subr	nitted - S							
BALANCE DUE	= 5	_ک	652.00				•	
Office of Initial Paten	A Aut Examination	<u>to</u>						

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)